

-----  
The Navy Public Affairs Library (NAVPALIB)  
A service of the Navy Office of Information, Washington DC  
Send feedback/questions to [navpalib@opnav-emh.navy.mil](mailto:navpalib@opnav-emh.navy.mil)  
-----

Date: Thu, 31 Aug 1995 10:57:47 -0400 (EDT)  
Subject: Naval Service Medical News (NSMN) 95-34

R 300246Z AUG 95 ZYB ZNZ1  
FM BUMED WASHINGTON DC//00//  
SUBJ/PUBLIC AFFAIRS-NAVAL SERVICE MEDICAL NEWS (NSMN) (95-34)//  
POC/SHEILA GRAHAM/CDR/MED-00P (PUBLIC AFFAIRS)//-TEL:(202) 653-  
1315/TEL:DSN 294-1315//

RMKS/1. THIS SERVICE IS FOR GENERAL DISTRIBUTION OF INFORMATION AND NEWS OF INTEREST TO NAVY AND MARINE CORPS MEMBERS, CIVILIAN EMPLOYEES, FAMILY MEMBERS AND RETIRED BENEFICIARIES OF NAVY MEDICINE. MAXIMUM AND TIMELY REDISTRIBUTION OR FURTHER REPRODUCTION AND USE BY ACTION ADDRESSEES IS ENCOURAGED. THIS MESSAGE HAS BEEN COORDINATED WITH THE COMMANDANT OF THE MARINE CORPS (CMC). THE COMMANDANT HAS AUTHORIZED TRANSMISSION TO MARINE CORPS ACTIVITIES.

2. HEADLINES AND GENERAL INTEREST STORIES THIS WEEK:  
(950277)-Philadelphia Naval Base Clinic to Close  
(950278)-Naval Dental Center Opens Renovated Facility  
(950279)-CAPT Jones Has Been There, Done That, from E-1 to O-6  
(950280)-Cornell Med Student 'Vacations' at Naval Hospital  
(950281)-Navy Medicine Researches DNA Vaccines  
(950282)-HEALTHWATCH: Children's Shots are not Part of Past  
(950283)-September is National Cholesterol Education Month  
(950284)-Ombudsmen Celebrate 25th Anniversary

HEADLINE: Philadelphia Naval Base Clinic to Close

NMCL Philadelphia (NSMN) -- Following 60 years of proud and dedicated service to active duty servicemen and women, their families and retirees stationed in Philadelphia, the Naval Hospital and subsequently the Naval Medical Clinic Philadelphia will close on 30 September 1995.

To commemorate the occasion, a disestablishment ceremony will be conducted on 8 September 1995 at 1100 at the clinic aboard the Philadelphia Naval Base. The Honorable Ronald D. Castille, Justice of the Supreme Court of Pennsylvania and highly decorated Marine Corps officer is the guest speaker. Castille received medical care at Naval Hospital Philadelphia following severe wounds suffered during combat in the Vietnam War.

The Naval Medical Clinic Philadelphia was commissioned 1 October 1991, following the decommissioning of the hospital. The clinic's mission was to continue health services until September 1995 and to prepare beneficiaries for the changing military health care system following the clinic's closure.

During a recent interview, the commanding officer, CAPT Faye T. Scott, NC, said, "It was important for us to educate our patients about the changing military health care system -- after

all, we've been a very visible source of care in Philadelphia for many years. Not only do we take pride in the care we provide, we have also had a long-term relationship with our patients and we deeply care about what happens to them."

The Naval Medical Clinic established an active "Community Information Outreach Program" to assist military families in developing a permanent relationship with a physician within one of the health care networks in place prior to the disestablishment of the command. In the Delaware Valley, several sources are available: TRICARE Basic (formerly CHAMPUS), TRICARE Extra, and TRICARE Prime (which starts in 1997); several military medical treatment facilities; Uniform Services Family Health Plan of New Jersey; and the Department of Defense Mail Order Pharmacy. Medicare-eligible beneficiaries are encouraged to use a Medicare Health Maintenance Organization with risk contracts for their health needs.

Story by CDR Joan Pate, NC, Naval Medical Clinic Philadelphia

-USN-

**HEADLINE: Naval Dental Center Opens Renovated Facility**

NDC Parris Island, SC (NSMN) -- Naval Dental Center Parris Island opened its newly renovated Marine Corps Recruit Depot facility at a ceremony held 17 August 1995. Chief of the Dental Corps RADM William H. Snell, DC, joined BGen Jerry D. Humble, Commanding General, Marine Corps Recruit Depot/Eastern Recruiting Region; NDC Commanding Officer CAPT Joseph A. Draude, DC; and LCDR Andy Bigelow, CEC, Resident Officer in Charge of Construction, to cut the ceremonial ribbon officially opening the facility.

The renovation, which resulted in a state of the art dental facility, included redesign and modernization of the recruit inprocessing facility, the addition of a washer-sterilizer, increased X-ray capability, and more operatories.

This was a TQL redesign with the entire staff providing input into the renovation. They were asked how they would design their workspaces to improve quality productivity and efficiency. By using their plans, the command refurbished the building and exceeded the scope of the original MILCON project while saving the government approximately \$500,000 in the process.

By completing the renovation in four superbly planned phases, no platoons or patients had to be rescheduled or canceled. Operating with increased capability and efficiency, NDC Parris Island is now better able to respond to customer needs, meet the command's strategic goals and achieve dental readiness for all active duty personnel.

-USN-

**HEADLINE: CAPT Jones Has Been There, Done That, from E-1 to O-6**

BUMED Washington (NSMN) -- CAPT Rudolph Jones, MSC, will end a 37-year career when he retires 31 August. From an E-1, in 1958, through Hospital Corps School on up to Master Chief Hospital Corpsman, Jones had already amassed an impressive record in the Navy Medical Department's enlisted corps. But he wasn't done. In July 1972, Jones was commissioned as an ensign in the

Medical Service Corps and began his exemplary career as an officer.

Captain Jones retires from one of the Navy Medical Department's most innovative directorates -- Plans, Analysis, and Evaluation in the Bureau of Medicine and Surgery, created as a result of Navy medicine's advances in the Total Quality Leadership concept. And Jones is a total, quality leader. He frequently performs as acting Assistant Chief of his directorate, as well as Deputy Assistant Chief. As head of the division's Evaluation and Management Control Division, he became a driving force to ensure audit findings were appropriately addressed; introduced a tracking software program to revitalize the command's Management Control Program; and developed the framework for a corporate level management control decision support system.

The technological advances made since Jones entered the Navy have caused an information revolution, changing data analysis and communication at dizzying speeds. Through it all, Rudy Jones -- as a Hospital Corpsman, a Master Chief, a Medical Service Corps officer and a consummate health care administrator -- has been there for the Navy to make sure we stay ahead of the pack.

Navy medicine will lose a valuable and valued member of its team 31 August, the day Jones retires. But through his managerial acumen, unexcelled personal integrity, total dedication and unbounded enthusiasm, Jones leaves Navy medicine well prepared to meet the future. Fair winds and following seas to Captain Jones.

-USN-

HEADLINE: Cornell Med Student 'Vacations' at Naval Hospital NAVHOSP Pensacola, FL (NSMN) -- Summertime, and the livin' is easy. It's a catchy tune that might catch on some day, especially along the sugar-white sands on the northern shore of the Gulf of Mexico.

And for 45 days, Robin Mitchell, a second-year medical school student at Cornell University in New York City, found herself in an enviable position, but it had nothing to do with getting that perfect tan on Pensacola Beach or sitting on a veranda with Mint Juleps.

Mitchell, an ensign in the inactive reserves, is attending Cornell on a Health Professions Scholarship. As part of the Armed Forces Health Professions Scholarship Program (AFHPSP), Mitchell worked with surgeons at Naval Hospital Pensacola.

"I wanted to come down here because in comparison this is a small hospital ... which gives me a better chance to do a lot of things," said Mitchell after recently assisting, and learning procedures from, LCDR Hans Brings, MC, during laparoscopic surgery.

"I've been given a lot more responsibility here this summer than I'll get over the next couple of years" (at medical school), said Mitchell, who wants to be a surgeon. She has assisted in a number of surgeries, an "interesting pancreatic tumor case," and has seen patients in the hospital's Surgical Clinic.

Mitchell, who also earned a Naval Reserve Officers Training Corps (NROTC) scholarship and received her undergraduate degree

in chemistry from Harvard University, is a prime example of the quality of personnel Navy medicine is recruiting throughout the country. Under the highly competitive AFHPSP, only the cream of the crop are selected. Upon graduation from medical school, she will be promoted two pay grades to the rank of lieutenant.

-USN-

HEADLINE: Navy Medicine Researches DNA Vaccines

NMRI Bethesda, MD (NSMN) -- Mission-specific medical research on infectious diseases continues to be one of the Navy's highest priorities. Deployed personnel can be exposed to endemic diseases rarely encountered by physicians in the United States. The technique of DNA immunization has the potential to revolutionize the development and fielding of vaccines. Scientists at the Naval Medical Research Institute (NMRI) will begin to develop DNA vaccines that protect against complex, multistage microorganisms like malaria.

Malaria vaccines will be the model to prove the principle that such vaccines can protect against infectious diseases. NMRI scientists reported the first successful use of DNA vaccines against a nonviral infection. They used a single gene to protect mice against a highly virulent *P. yoelii* infection, a microorganism with a complex, multistage life cycle.

-USN-

HEADLINE: HEALTHWATCH: Children's Shots are not Part of Past  
NMC Portsmouth, VA (NSMN) -- Iron lungs, smallpox, whooping cough. Terms once common to everyone are now almost forgotten. Why? Immunizations! Although often feared by parents, in reality the praises of childhood shots should be sung. One of the most important medical developments of the 20th century has been the control of once common infectious diseases by the administration of vaccines.

In the United States, the number of cases of diphtheria, measles, mumps, pertussis (whooping cough), polio, rubella and tetanus has declined by 97 percent since institution of vaccination programs. As stated by Dr. Stanley Plotkin, a noted vaccine expert, "The impact of vaccination on the health of the world's peoples is hard to exaggerate. With the exception of safe water, no other modality, not even antibiotics, has had such a major effect on mortality reduction and population growth." Only 75 years ago, the average family with five children could only expect two to live a full and productive life.

With all this success, can we now rest easy knowing that these dreaded diseases of the past are gone? No. Although the diseases have been decreased, the germs that cause them still exist and are ready to strike if given a chance. Two recent notable examples are the 1983-1985 pertussis and 1989-1991 measles outbreaks. Investigations of both of these outbreaks found the major contributing factor was that they thought diseases were gone and vaccinations were no longer important. Both statements sadly proved to be untrue.

A project called the "Committee to Immunize Norfolk's Children" (CINCH), headquartered at the Center for Pediatric

Research at Eastern Virginia Medical School, has found that less than 50 percent of children under 2 years of age are adequately immunized. Thus a large number of our children are potentially at risk for developing a serious, preventable disease. While some children were behind on their immunizations because parents were unaware a vaccination was due, the main reason for delay was caused by misunderstanding about the true contraindications to vaccine use.

The only recommended reasons to withhold vaccines are: moderate to serious illness (colds, low grade fevers, and even ear infections ARE NOT reasons to withhold shots); previous severe reactions to the vaccine to be given; or severe allergy to eggs. Additionally, there are some vaccines which contain live virus and may need to be avoided or delayed if the child is immunocompromised or lives with an immunocompromised individual. These are rare occurrences, but if there are concerns, they can be discussed with the health care provider prior to vaccination of the child.

Another common concern of parents is the number of injections given to their child. The need for multiple injections is both good and bad news. It means that we now have the ability to prevent more illnesses, but unfortunately, it comes with the momentary price of increased pain. Recently developed vaccine preparations have combined four immunizations (Diphtheria, Pertussis, Tetanus, and Hemophilus B) into a single shot and in the future there will most likely be one shot that contains all the immunizations the child will need.

What's new with vaccines? As most people have probably heard, a vaccine against varicella (chickenpox) was just released and should be available in two to three months. The vaccine has proven to be very safe and effective in preventing this most common infection of childhood.

The American Academy of Pediatrics has recommended that the varicella vaccine be given to all children at age 1. Children older than this without a history of varicella will also be offered the vaccine upon request. A vaccine to prevent Hepatitis A has also been recently released and recommendations to whom it should be administered are not being developed.

So, while immunizations are not perfect, and the rare side effects do occur, the positive benefits that have been reaped by society from an active immunization program are astounding. Help in the goal to have all children fully immunized by age 2. Because, with your help, those once common dreaded diseases can be found only in the pages of a history book.

Story by CDR Robert Frenck, MC

Naval Medical Center Portsmouth's Pediatrics Department

-USN-

4. Important dates for the month of September from the Bureau of Naval Personnel:

6 September: Morning (0600-0800) and Night (until 2200)  
Detailing (Washington, DC, time)

7 September: E-4 Advancement Exam

11 September: Naval Reserve Staff Corps Lieutenant and

Lieutenant Commander Boards Convene

12 September: E-5 Advancement Exam

14 September: E-6 Advancement Exam

25 September: Medical CO/XO Screening Board Convenes

25 September: Medical Service Corps Duty-Under-Instruction

Board Convenes

26 September: Morning (0600-0800) and Night (until 2200)

Detailing (Washington, DC, time)

30 September: E-7 and E-8 Evaluations Due

-more-

**HEADLINE: September is National Cholesterol Education Month**

NAVHOSP Jacksonville, FL (NSMN) -- Americans are conscious of cholesterol as never before, but not necessarily clear about what it all means. Foods are suddenly sporting the label "cholesterol free," but most people don't even know what our cholesterol levels should be, let alone what they are.

Cholesterol is a waxy, fat-like substance classified as lipid. It is found in animals, thus in all animal products we eat -- meat, eggs, fish and dairy products (no foods derived from plants contain cholesterol).

Actually, most of the cholesterol in your blood is manufactured in your body, primarily by the liver. The body produces varying amounts, usually about 1,000 milligrams a day, from fats, protein and carbohydrates you eat. The average American consumes 400 to 500 milligrams of cholesterol everyday.

There are two different types of cholesterol: the kind we eat in food (called dietary) and that made by the body, both of which end up in the blood.

Cholesterol is essential to life. It is used to form all cell membranes, certain hormones, and other vital substances. The body makes all the cholesterol it needs, so it isn't an "essential nutrient." You don't need to consume any cholesterol to stay healthy.

It's estimated that about 25 percent of all Americans have high cholesterol, and another 25 percent are borderline-high.

Story reprinted from The Pulse, Naval Hospital Jacksonville

-USN-

**HEADLINE: Ombudsmen Celebrate 25th Anniversary**

(NSMN) -- As the Chief of Naval Operations in 1970, ADM Elmo Zumwalt did something that would begin to change the image of how the Navy treated the families of its Sailors. In Z-gram 24, issued 14 September 1970, he established the Navy Ombudsman Program to improve communication between commands and the families of Sailors who served in them.

Commanding officers, command master chiefs, and every active duty member in the Navy should take to heart the message put out by today's Chief of Naval Operations, ADM Mike Boorda: "Find as many ways as you can to show these dedicated volunteers how much their service means to all of us."

Ombudsman are a resource for both their command and their extended Navy family at that command. Every hour, every day, they perform a service that creates a stronger Navy family, and a

stronger Navy. They are volunteers. They are invaluable. Make sure they are thanked.

-USN-

4. ADDRESSEES ARE ENCOURAGED TO SUBMIT INFORMATION AND NEWS ITEMS OF MEDICAL DEPARTMENT OR BENEFICIARY INTEREST (IN STORY FORMAT) BY TELEPHONE, FAX OR E-MAIL TO BUMED, ATTN: NAVAL SERVICE MEDICAL NEWS (MED 00P2). TELEPHONE (202) 653-0793, DSN 294-0793. FAX (202) 653-0086, DSN 294-0086. EMAIL NMC0ENL@BUMED10.MED.NAVY.MIL//

-USN-